International SOS strongly advises that NON-IMMUNE pregnant women should NOT TRAVEL TO AREAS WITH MALARIA. If you do travel to malaria areas, the ABCDE approach to prevention must be strictly adhered to.

- **Pregnant women who must travel, should consult their doctor at least 6 to 8 weeks before travel.**
- **The doctor will advise anti-malarial medication suited for the individual person and their itinerary.**
- **Strict mosquito-bite prevention measures should always be carried out.**

MALARIA PREVENTION

'ABCDE' Malaria Precautions for Non-Immune Women

A — AWARENESS
Be **Aware** of the risk and the symptoms.

B — BITE PREVENTION
Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C — CHEMOPROPHYLAXIS
If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection.

D — DIAGNOSIS
Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E — EMERGENCY
Carry an **Emergency** Stand-by Treatment Kit (EST kit) if available and recommended (the kit that contains malaria treatment).

BE VIGILANT


Avoid mosquito breeding areas


Avoid being outside from dusk to dawn


Sleep under a bed net, preferably an insecticide treated bed net


After dark, use mosquito repellents


After dark, wear long sleeves and long pants with closed shoes

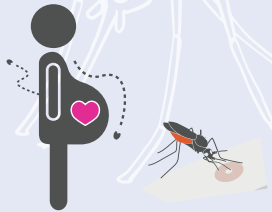
Disclaimer: This section of the booklet applies to women who are non-immune pregnant women who may travel to or live in a malaria area.

MALARIA IN PREGNANCY

INTERNATIONAL SOS

WORLDWIDE REACH. HUMAN TOUCH.

When a pregnant woman is infected by malaria, parasites enter and accumulate in the placenta, thereby **posing a RISK to both the MOTHER and the FOETUS**. Mosquitoes can also get attracted by the **SCENT THAT PREGNANT WOMEN EMIT**.

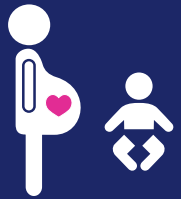


Semi-immune women living in a malaria area of their home country are advised to take three doses of an anti-malarial medication during their pregnancy as advocated by the WHO.

IT IS ESTIMATED THAT globally about

11.6 million pregnancies are exposed to malaria infection resulting in

822,000 children with low birth weight each year.

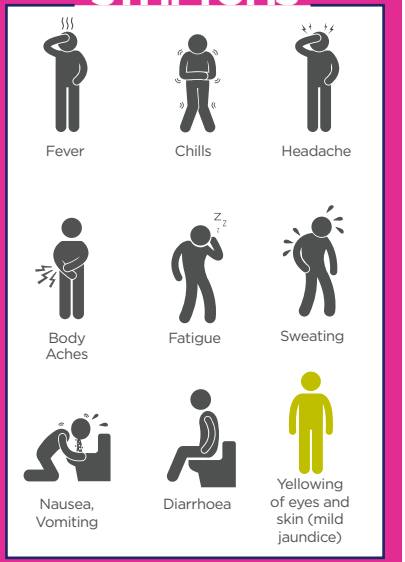


Pregnant woman are

THREE TIMES

more at risk of serious complications or death from malaria

SYMPTOMS



FAQs

CAN MOSQUITO REPELLENTS BE USED BY PREGNANT WOMEN?
If you are pregnant, seek advice from your doctor as to which ones are safe to use AND ARE EFFECTIVE against malaria mosquitoes (many are not effective).

AT WHAT STAGE OF PREGNANCY DOES MALARIA POSE THE GREATEST RISK TO THE MOTHER AND FOETUS?
Malaria carries a greater health risk throughout pregnancy to the mother and foetus compared to non-pregnant women, but the risk is especially high in the 2nd and 3rd trimesters.

CAN MALARIA CAUSE MISCARRIAGE?
Yes.

CAN MALARIA BE TRANSMITTED FROM MOTHER TO FOETUS?
Transmission occurs from mother to foetus in about 1 to 8% of cases.

CAN MALARIA DURING PREGNANCY BE SUCCESSFULLY TREATED?
Yes. Outcome improves with an early diagnosis. However, the treatment is more complex and carries greater risks to mother and foetus.